

FILED JAN 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42793**
Registrar's No. **10980**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 332 N. Sarah St.			d. STREET ADDRESS (If rural, give location) 332 N. Sarah St.		
3. NAME OF DECEASED (Type or Print) a. (First) Iva b. (Middle) _____ c. (Last) Sands		4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1950			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 1, 1905	9. AGE (In years last birthday) 45	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Private Home		11. BIRTHPLACE (State or foreign country) Min LaMotte, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Francis Sands		13b. MOTHER'S MAIDEN NAME Annie Angel	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. William Hunt		17. ADDRESS 332 N. Sarah St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Uterus INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 9/17/49		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Uterus		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 174X	
22. I hereby certify that I attended the deceased from 8/10/49 , to 12/21/50 , 19____, that I last saw the deceased alive on 12/16/50 , 19____, and that death occurred at 11 m., from the causes and on the date stated above.					
23a. SIGNATURE Robert J. Farrell		23b. ADDRESS 624 N. Union		23c. DATE SIGNED 12/21/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-23-50		24c. NAME OF CEMETERY OR CREMATORY Park Lawn	
24d. LOCATION (City, town, or county) (State) 1800 Lemay Ferry Rd.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		25. ADDRESS 4700 Washington Blvd.	
DATE REC'D BY LOCAL REG. DEC 23 1950		REGISTRAR'S SIGNATURE B. Lasater			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~ or by Me

working under my personal supervision.

Student Embalmer No.

Signed

Elton H. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4223

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.